

4999

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. **523**
Co. Register No. **177**
Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Pima
District of _____
Town of Miami
or _____
City of _____ (No. _____ St. _____ Ward)

FULL NAME OF CHILD Sila Anderson { Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } NO

Sex of Child Female { Twin, } and { Number } Legiti- Date of Birth May 23 1916
or other { in order } mat- (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	<u>Oscar L. Anderson</u>	Full Maiden Name	<u>Charlotte L. Johnson</u>
Residence	<u>Miami</u>	Residence	<u>Miami</u>
Color or Race	<u>White</u>	Color or Race	<u>White</u>
Age at last Birthday	<u>36</u> (Years)	Age at last Birthday	<u>29</u> (Years)
Birthplace	<u>U.S.</u>	Birthplace	<u>U.S.</u>
Occupation	<u>Mill work</u>	Occupation	<u>H.V.</u>
Number of child of this mother	<u>2</u>	Number of Children, of this mother, now living	<u>2</u>
		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on May 23 1916, at 3 M.

*When there is no attending physician or midwife, then the householder should make this return.

Given or Christian name added from a supplemental report _____ 1916

(Signature) J. D. Bragerton
(Attending physician, midwife, householder.)*

Filed June 1 1916

A True Copy

Filed July 8 1916

Address John H. Lacy

LOCAL REGISTRAR

COUNTY REGISTRAR

215-523-364
COUNTY REGISTRAR